

Complete Withdrawal Request

Date Submitted: 6/13/2022 4:44:21 PM

Student First Name: Matthew

Student Last Name: Feehan

Student Number: 20966681

Phone Number: (512) 660-1488

Cell Number: (512) 660-1488

Email: mfeehan2021@gmail.com

I wish to withdraw from the university effective today and understand that I will no longer have access to my course(s) beginning tomorrow: Yes

I wish to withdraw from the university at the end of my current course(s) and understand that after this/these course(s) end I will no longer be a student at GCU: No

Reason For Withdrawal:
See invoice.

How Could GCU Have Better Served You?
Adhered to Christian principles.

I have consulted with my Student Services Counselor regarding the financial implications including any indebtedness that will result because of my decision to withdraw. I understand that I am responsible for payment of any balance on my student account.

Initials: MF

